

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

CERTIFIED MAIL: 70073020000140446819

March 14, 2012

RICHARD M. ARMSTRONG - Director

Andrea Sessions, Administrator Bridgeview Estates 1828 Bridgeview Boulevard Twin Falls, Idaho 83301

Provider #: 135113

Dear Ms. Sessions:

On March 5, 2012, a Facility Fire Safety and Construction survey was conducted at Bridgeview Estates by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be a widespread deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies/Plan of Correction, CMS Form 2567L, listing Medicare/Medicaid deficiencies, and a similar form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. Please provide ONLY ONE completion date for each Federal/State Tag in column X5 (Complete Date), to signify when you allege that each tag will be back in compliance. NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567L and State Statement of Deficiencies, in the spaces provided, and return the originals to this office.

Andrea Sessions, Administrator March 14, 2012 Page 2 of 4

Your Plan of Correction (PoC) for the deficiencies must be submitted by March 27, 2012. Failure to submit an acceptable PoC by March 27, 2012, may result in the imposition of civil monetary penalties by April 16, 2012.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS), if your facility has failed to achieve substantial compliance by April 9, 2012 (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on April 9, 2012. A change in the seriousness of the deficiencies on April 9, 2012, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **April 9, 2012** includes the following:

Denial of payment for new admissions effective **June 5, 2012**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that

Andrea Sessions, Administrator March 14, 2012 Page 3 of 4

your provider agreement be terminated on **September 5, 2012**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0036, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **March 5, 2012** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process

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2001-10 IDR Request Form

This request must be received by March 27, 2012. If your request for informal dispute resolution is received after March 27, 2012, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely,

Mark P. Grimes

Supervisor

Facility Fire Safety and Construction

MPG/lj

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/13/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER

BRIDGEVIEW ESTATES

STREET ADDRESS, CITY, STATE, ZIP CODE

1828 BRIDGEVIEW BOULEVARD TWIN FALLS, ID 83301

	TWIN	FALLS, ID	83301	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	The facility is a single story, type V (III) building constructed in 1992 with an addition in 1996. The building is fully sprinklered and has exits to grade. A two hour wall separates the facility from Assisted Living and independent apartments. Currently the facility is licensed for 116 SNF/NF beds. The following deficiencies were cited during the annual fire/life safety survey conducted on March 5, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.	K 000	Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.	
K 062 SS=F	The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	MAR 2 7 2012 K062 FACILITY STANDARDS Corrective Action for Specific Residents No specific resident identified.	
	This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the sprinkler system was being maintained in accordance NFPA 25. Properly maintaining the sprinkler system helps to ensure system reliability. The facility had a census of eighty two residents on the day of survey. This deficiency affected all residents, staff and visitors present on		Other Residents Affected All residents have the potential to be affected by not having the internal sprinkler system inspected at 5 year intervals. Every five years the internal sprinkler system will be inspected to prevent recurrence.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Interim Executive Director

(X6) DATE 3/26/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/13/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

02 - ENTIRE NF BLDG

(X3) DATE SURVEY COMPLETED

135113

B. WING _____

03/05/2012

NAME OF PROVIDER OR SUPPLIER

BRIDGEVIEW ESTATES

STREET ADDRESS, CITY, STATE, ZIP CODE 1828 BRIDGEVIEW BOULEVARD

A. BUILDING

BRIDGEVIEW ESTATES		1828 BRIDGEVIEW BOULEVARD TWIN FALLS, ID 83301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 1 the day of the survey. Findings include: During record review on March 5, 2012 at 2 PM, review of the last annual sprinkler syste inspection report dated July 1, 2011, noted to the date of the last 5-year internal inspection unknown. When questioned about the 5-year internal inspection the Maintenance Supervi stated that he was unaware that a 5-year inspection needed to be conducted. Actual NFPA Standard: NFPA 101® Life Safety Code ® 2000 Edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe syster required by this Code shall be inspected, test and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testin and Maintenance of Water-Based Fire Protection Systems 1998 Edition 2-2 Inspection. Gauges Test 5 years Obstruction investigation Maintenance 5 years obstruction investigation Maintenance 5 years obstruction investigation Maintenance 5 years	em that n was ar isor on ms sted, 5, n ng, tection	What measures will be put into place/systemic changes to prevent recurrence Internal sprinkler system will be inspected by outside fire safety company with completion date of April 6, 2012. Five year internal sprinkler system inspection will be placed on preventative maintenance log to validate maintained compliance. Maintenance Department personnel have been in-serviced on maintaining the preventative maintenance log and on scheduling internal inspection of fire system every five years by Regional Vice President. Monitoring to ensure deficiency does not recur Monthly and Annual Preventative Maintenance log will be forwarded to Executive Director and QA Committee every month for 3 months and quarterly thereafter to validate compliance. Ongoing educational opportunities and audits to be scheduled based on formulated trends.		
ORM CMS-	2567(02-99) Previous Versions Obsolete		RV8821 If continuation s	sheet Page 2 of	

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 02 - ENTIRE NF BLDG A. BUILDING B. WING 03/05/2012 135113 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1828 BRIDGEVIEW BOULEVARD **BRIDGEVIEW ESTATES** TWIN FALLS, ID 83301 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) C 000 16.03.02 INITIAL COMMENTS C 000 Date of Compliance: 04/07/2012 The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16. Title 03. Chapter 2. The facility is a single story, type V (III) building constructed in 1992 with an addition in 1996. The building is fully sprinklered and has exits to grade. A two hour wall separates the facility from Assisted Living and independent apartments. Currently the facility is licensed for 116 SNF/NF beds. The following deficiencies were cited during the annual fire/life safety survey conducted on March 5, 2012. The facility was surveyed under IDAPA RECEIVED 16.03.02, Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities. MAR 2 7 2012 The surveyor conducting the survey was: FACILITY STANDARDS Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction C 226 02.106 FIRE AND LIFE SAFETY C 226 C 226 106. FIRE AND LIFE SAFETY. Refer to plan of correction K062 Buildings on the premises used as facilities shall meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities.

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Rule is not met as evidenced by: Refer to the following Federal "K" tags on the

CMS - 2567:

(X6) DATE

PRINTED: 03/13/2012 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES	
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

02 - ENTIRE NF BLDG

(X3) DATE SURVEY COMPLETED

135113

A. BUILDING B. WING _

03/05/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGEVIEW ESTATES		1828 BRIDGEVIEW BOULEVARD TWIN FALLS, ID 83301			
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C 226	Continued From Page 1	C 226			
	1. K062 Five year internal sprinkler inspe	ction.			

STATE FORM